

Family Medicine Residency of Idaho

Strategic Plan – 2008 - 2011

Strategic Goals

1. Education

Goal Statement: To provide an outstanding family medicine training program to prepare future family medicine physicians.

Objective 1: Create an exceptionally high quality medical education environment to train future family physicians.

Performance Measure 1: Track successful completion of American Board of Family Medicine (ABFM) Board certification examination scores for all program graduates.

Benchmark 1: At least 95% of all program graduates become ABFM Board certified.

Performance Measure 2: Track performance on American Board of Family Medicine (ABFM) Annual In-Service Training Examination.

Benchmark 2: FMRI program performance above the national average (>50%) on an annual basis.

Objective 2: FMRI will obtain full accreditation with Accreditation Council of Graduate Medical Education (ACGME) and its Residency Review Committee for Family Medicine (RRC-FM).

Performance Measure: FMRI will track its accreditation status and potential citations.

Benchmark: Maintain 100% full and unrestricted ACGME program accreditation and correct all citations.

2. Family Medicine Workforce

Goal Statement: To produce Idaho's future family medicine workforce by attracting, recruiting, and employing outstanding medical students to become family medicine residents and to keep as many of these residents in Idaho as possible post graduation from residency.

Objective 1: To recruit outstanding medical school students to FMRI for family medicine residency education.

Performance Measure: FMRI will track how many students match annually for residency training in family medicine at FMRI.

Benchmark: At least ten medical students matched per year at FMRI.

Objective 2: To graduate fully competent family physicians ready to practice independently the full scope of family medicine.

Performance Measure: FMRI will track the number of graduates per year from our residency program.

Benchmark: FMRI will graduate at least nine family physicians per year from the program.

Objective 3: To keep as many family physicians as possible in Idaho after residency graduation.

Performance Measure: FMRI will encourage all graduates to practice in Idaho and track how many remain.

Benchmark: 50% retention rate of graduates to practice in Idaho.

Objective 4: To produce as many family physicians as possible to practice in rural Idaho.

Performance Measure: Of those graduates staying in Idaho, FMRI will track how many stay in rural or underserved Idaho.

Benchmark: 40% of graduates staying in Idaho will stay in rural or underserved Idaho.

Objective 5: To develop a second Rural Training Track (RTT) to enhance family medicine training in Idaho.

Performance Measure: Have the Residency Review Committee for Family Medicine (RRC-FM) give provisional accreditation to the new rural training program in the Magic Valley.

Benchmark: Complete and submit the Program Information Form (PIF) to the RRC-FM for accreditation.

3. Patient Care

Goal Statement: To provide outstanding comprehensive continuous, compassionate, timely, and accessible care to the patients' served at the Family Medicine Residency of Idaho.

Objective 1: To increase access to more new patients over the next year.

Performance Measure: FMRI will track new and unique patients being seen by FMRI.

Benchmark: 5% increase in new unique patients being seen by FMRI over last year's patient numbers.

Objective 2: To develop a patient centered medical home model and gain designation for this model.

Performance Measure: To prepare all needed work to become NCQA designated as a patient centered medical home.

Benchmark: To achieve NCQA designation as a patient centered medical home.

Objective 3: To develop a modified open access scheduling system.

Performance Measure: Monitor same day appointment availability.

Benchmark: 30% of our patient appointments or greater will be same day appointments.

Key External Factors (beyond control of the Family Medicine Residency of Idaho)

Funding:

The Family Medicine Residency of Idaho (FMRI) and its operations are contingent upon adequate funding. The major revenue drivers for FMRI are 50% from patient fees, 25% from the area hospitals, 8% from the State Board of Education, 2% from Upper Payment Limit (UPL), 10% from grants, and 5% from research. The biggest unknown is in regards to the Upper Payment Limit (UPL) payment to FMRI this year. Additionally, the Idaho State Legislature support for a request for expanded maintenance and expansion funding that would be approved by the State Board of Education and JFAC are critical to the program's success.

Legislative Support:

As noted above to the Idaho State Legislature's support of FMRI request for increased maintenance and expansion funding is critical to be able to meet the projected workforce training of family physicians that this state needs. We are in great hopes the State Board of Education and the Idaho State Legislature will back this request of FMRI as it has in the past.

Governor's Support:

Governor C.L. "Butch" Otter in his January 2007 State of the State asked FMRI to expand rural family medicine training for Idaho. We are in great hopes that the Governor will continue his strong support in his budget for FMRI and graduate medical education training in family medicine and for the workforce production of future family physicians for Idaho.

Hospital Support:

FMRI is contingent upon contributions from both Saint Alphonsus Regional Medical Center and St. Luke's Regional Medical Center in regards to Medicare DME/IME pass through money. This is money given through the hospitals to the Residency by the federal government in the form of Medicare dollars to help with our training. In addition, the hospitals both have additional contributions that are essential to FMRI's operations.

Medicaid/Medicare:

FMRI is also contingent on continued cost-based reimbursement through our Federally Qualified Health Center Look-Alike designation model that Medicaid and Medicare perform. This increased reimbursement funding is critical to the financial bottom line of the Residency. It appears that Medicaid and Medicare will continue its enhanced reimbursement for Community Health Centers and Federally Qualified Health Centers into the future. FMRI hopes that this is the case.

Residency Review Committee – Family Medicine (RRC-FM)

Accreditation of our new rural training track in the Magic Valley is contingent upon the RRC-FM's decision which will occur this year. We will give them every reason to accredit this new rural training track but obviously the decision is outside of our control and theirs to make.